## Certification of Academic Status of Social Work Education

This form may be used in lieu of transcripts to document the academic status of a student who:

- is enrolled in their final semester or culminating experience of an accredited Master of Social Work (as defined in Utah Code Section 58-60-205); and
- is currently in good academic standing.

{SCHOOL SEAL}

It must be completed by an official representative of the school and bear the schools official seal. Additionally, it must be sent directly from the school via email to DOPL at <a href="mailto:b8@utah.gov">b8@utah.gov</a> or sealed in an envelope bearing the school's stamp/seal on the envelope flap and submitted with your application. If the form is presented to DOPL unsealed, it will be rejected.

		APPLICANT INFORMATION	ON	
To be completed by the	applicant.			
Full Legal Name:				
	First	Middle	Last	
Mailing Address:	Street / PO Box	City	State / Zip	
	GUOGETT O BOX	Oily .	otato / Zip	
		EDUCATION		
To be completed by the	Dean or appointed Program	n Office Representative:		
Name of Institution:				
Institution Address:				
montation Address.	Street / PO Box	City	State / Zip	
Telephone Number:			Email:	
relephone Number.			Email:	
Accrediting Body:		Accreditation Date:		
			·NT	
		ATTESTATION STATEME	:NI	
attest that the abov	re-named applicant is e	nrolled in their final semeste	r or culminating experience of an a	ccredited
	rk Program (as defined	in Utah Code Section 58-60-	205); is currently in good academic	standing and
will graduate.				
Start Date:		End Date:		
Graduation Date (or	Anticipated):			
Signature of Official	Program Representative:			
Printed Name:		Title:		
Signed and the scho	ool seal affixed this:	day of	,20	
-		<u> </u>		

EMAIL THIS COMPLETED FORM TO <u>B8@UTAH.GOV</u>